

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09781801

FILING DATE

2/12/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4	1			1		
5	1				X	
6	1			1		
7	1			1		
8	1			1		
9				1		
10	1			1		
11	1			1		
12	1			1		
13	1			1		
14		1		1		
15				1		
16		1		1		
17				1		
18		1		1		
19		1			1	
20		1			1	
21		1			1	
22		1			1	
23		1			1	
24	1			1		
25	1			1		
26				1		
27				1		
28	1			1		
29	1			1		
30				1		
31						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	26	↔	25	↔		↔
TOTAL CLAIMS	29		26			

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS